| | TRANSMITTAL OF SHOPDRAWINGS, EQUI OR MANUFACTURER'S CERTIF (Read instructions on page two | ICATES OF COMPLIA prior to initiating this fo | ANCE orm) | | | 01/31/2019 | | TRANSMITTAL 128AA | NO |
|-------------------|---|--|--|---------------------------|---------------------------------------|-----------------------|-------------------------------|--|--------------------------------|
| Potoma 4474 M | SECTION I - REQUEST FOR SENSE Engineering Acquisition Division - South Concept Control of the | R APPROVAL OF FROM: Allen & Shariff Corpor Construction Office 7061 Deepage Drive Columbia, MD 2104 | oration | | CONTRACT NO | | | actor) CHECK ONE: ☑ THIS IS A NEW SI ☐ THIS IS A RESUB TRANSMITTAL | |
| SPECIFIC | CATION SEC NO.(Cover only one section with each transmittal) | PROJECT TITLE AND LO Restore Interior and | CATION Building Systems at Blo | dg 1600 | (Primary Care Cl | inic) (Main BL | .DG and Tem | p Trailers) | |
| ITEM NO. a. | DESCR PTION OF ITEM SUBMITTE (Type size, model number/etc.) b. |) | MFG OR CONTR. CAT., CURVE DRAW NG OR BROCHURE NO. (See instruction no. 8) c. | NO. OF COPIES d. | DOCU | DRAWING SHEET NO. | FOR CONTRACTO USE CODE g. | VARIATION (See instruction No. 6) h. | FOR CE USE CODE i. |
| 01 | January 2019 Certified Payroll | | Hard Copy | 1 | N/A | N/A | FIO | | |
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| | | | | l | L certify that the | Labove submitted ite | l ems have been rev | riewed in detail and are | correct and |
| | peing sent as an FIO as there is no sp ittal is for both the main building and | | | | in strict compliar stated. Kari | | ct drawings and sp Manager | ecifications except as of | |
| | | | N II - APPROVAL | ACTIO | | | | | |
| ENCLOSU | JRES RETURNED (List by Item No.) | NAME, TITLE OF APPR | ROVING AUTHORITY | | | | DATE | | |

ENG FORM 4025, MAY 91

(ER 415-1-10)

EDITION OF AUG 89 IS OBSOLETE.

SHEET <u>1</u> OF <u>1</u>.

(Proponent: CEMP-CE):



7061 Deepage Drive, Suite 200, Columbia, Maryland 21045 Phone (443) 545-1200 • Fax (443) 545-1220

Letter of Transmittal

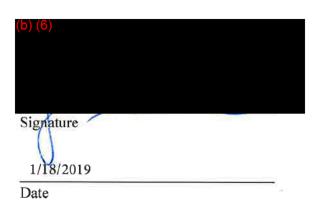
Job No.

| | | 31-Jan-19 | 1413005 |
|---|---|--|-------------|
| TO: | | Attention (b) (6) | |
| South Potomac - Indian Head | - | RE: Building 1600 Primary N40080-10-D-049 | |
| | - | | |
| We are sending you: X Attached | Under separa | te cover via the follow | ving items: |
| Shop drawings Prints | Plans | Samples Specification | ons |
| Copy of letter Change Order | X Certified Pa | yroll Reports | |
| COPIES DATE NO. | Bayside Fire and Pro | DESCRIPTION #133 to 136 - Ending January 26, 2019 | |
| | Man Fl. 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 4.4142 F. F. D. J. 20 2012 | |
| 1 | iviax Electrical #123 | to #142 - Ending December 30, 2019 | |
| These are transmitted as checked below: | | | |
| For approval Approved as su | bmitted | Resubmit copies for a | approval |
| X For your use Approved as no | oted | Submit copies for dis | tribution |
| As requested Returned for co | orrections | Return corrected prin | ts |
| For review and comment | | - | |
| For bids due | | - | |
| Remarks Electronic and Hard Copies | | | |
| Copy to: ASC File | | | |
| | | (b) (6) Signed: | |

Date

E-VERIFY CERTIFICATION

| COMPANY NAME:_ | Bayside Fire Protection | |
|--------------------------|---|--------------------------|
| PROJECT NAME: | Building 1600 - Primary Care Clinic | |
| PAYROLL#: 133 | WEEK ENDING: | 01/05/2019 |
| The undersigned certifie | es that all employees listed on the attache | d certified payroll have |
| been validated through t | he E-Verify System, as required by the c | ontract documents. |



Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR 7 NAME OF CONTRACTOR 7640 Investment Court, Suite B OMB No.: 1235-0008 Expires: 02/28/2018 Owings, MD 20736 Bayside Fire Protection PROJECT OR CONTRACT NO. FOR WEEK ENDING PROJECT AND LOCATION PAYROLL NO. Building 1600 Primary Care Clinic 01/05/2019 133 Indian Head, MD (1) (3) (4) DAY AND DATE (5)(9)(8) DEDUCTIONS OF HHOLDING MPTIONS W Tu NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WAGES 30 (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY AMOUNT HOLDING TOTAL DEDUCTIONS WORK LATOT RATE PAID OF PAY EARNED OTHER CLASSIFICATION HOURS FICA TAX FOR WEEK NUMBER) OF WORKER HOURS WORKED EACH DAY Sprinkler Fitter 34.00 NO WORK PERFORMED THIS WEEK

While completion of Form WH-347 is optional, it is mandatory for covered contractors performing work on Federally financed or assisted construction contracts to respond to the information collection contrained in 29 C.F.R. §§ 3.3, 6.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding that week." U.S. Department of Labor (DDL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed of Statement of Compliance in the payrolls are corrected and that each paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally require dages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S., Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C., 20210

| Date01/18/2019 | | (b) WHERE FRINGE BENEFITS | S ARE PAID IN CASH |
|---|--|-----------------------------------|--|
| (b) (6) | Accounting Department | | |
| (Name of Signatory Party) do hereby state: | (Title) | as indicated or basic hourly w | or mechanic listed in the above referenced payroll has been paid, on the payroll, an amount not less than the sum of the applicable wage rate plus the amount of the required fringe benefits as listed of, except as noted in section 4(c) below. |
| (1) That I pay or supervise the payment of the p | persons employed by | (c) EXCEPTIONS | 4,7,555 |
| Bayside Fire | on the | (c) EXCEPTIONS | |
| (Contractor or Subs | contractor) | EXCEPTION (CRAFT) | EXPLANATION |
| (Building or Work) | ; that during the payroll period commencing on the | (b) (6) | \$14.76 Hourly Fringes/Health, Holiday, Vacation Pension |
| all persons employed on said project have been paid been or will be made either directly or indirectly to or | the full weekly wages earned, that no rebates have | (b) (6) | \$5.07 Hourly Fringes/Health, Pension |
| Bayside Fire Pr | rotection from the full | | |
| (Contractor or Sub | · | | |
| | permissible deductions as defined in Regulations, Part | | |
| 3 (29 C.F.R. Subtitle A), issued by the Secretary of L 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § | abor under the Copeland Act, as amended (48 Stat. 948, 3145), and described below. | | |
| |) | | |
| | | | |
| | | | |
| | | REMARKS: | |
| correct and complete; that the wage rates for labore | ract required to be submitted for the above period are ris or mechanics contained therein are not less than the ination incorporated into the contract; that the classifications m with the work he performed. | | |
| program registered with a State apprenticeship agen | such recognized agency exists in a State, are registered | | |
| (4) That: (a) WHERE FRINGE BENEFITS ARE PAII | D TO APPROVED PLANS, FUNDS, OR PROGRAMS | NAME AND TITLE | SIGNATURE |
| in addition to the basic hourly | wage rates paid to each laborer or mechanic listed in | Jessica Wonneman / Accounting De | Department Department |

the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees,

except as noted in section 4(c) below.

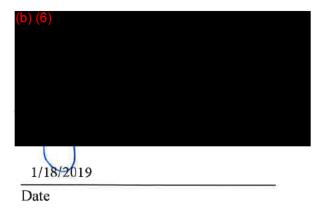
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

31 OF THE UNITED STATES CODE.

E-VERIFY CERTIFICATION

| : | | |
|----------------|-------------------------------------|------------|
| PAYROLL#: 134 | WEEK ENDING: | 01/12/2019 |
| PROJECT NAME: | Building 1600 - Primary Care Clinic | |
| COMPANY NAME:_ | Bayside Fire Protection | |

The undersigned certifies that all employees listed on the attached certified payroll have been validated through the E-Verify System, as required by the contract documents.



Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008

| NAME OF CONTRACTOR OR SUBCONTR | 16.70 | Fire Protection | | | | | | | ADI | DRES | | estment Cour MD 20736 | t, Suite B | | | | | OMB No. Expires: | : 1235-000 02/28/2018 |
|---|-------------------------------------|------------------------|---------|--------|----------------|--------|--------------|------------|-------|-------|---|---------------------------|------------|-------------------------|-----|-----------------|------------|---------------------|---------------------------|
| PAYROLL NO: 134 | ryside r | FOR WEEK ENDING | | /12/20 |)19 | | | | В | uildi | or AND LOCAT ng 1600 Pri n Head, MD | imary Care Cl | inic | | | PROJECT (| OR CONTRAC | OT NO. | |
| (1) | (2) SNO ONS | (3) | RST. | SI | (4) D. M Tu | AY ANI | Th | _ | S | 5) | (6) | (7) | | | DE | (8) DUCTIONS | | | (9) NET |
| NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | NO. OF WITHHOLDING EXEMPTIONS | WORK CLASSIFICATION | OT. OF | | 7 8 URS W | | 10 EAC | | 12 TO | TAL | RATE OF PAY | GROSS AMOUNT EARNED | FICA | WITH- HOLDING TAX | | | OTHER | TOTAL DEDUCTIONS | WAGES PAID FOR WEEK |
| (b) (6) | 1 | Sprinkler Fitter | o s | | | | | | | | 34.00 | | | | | | | | |
| (b) (6) | 1 | Skilled Laborer | o s | | | | | | | | 18,50 | | | CN | VF! | EK | | | |
| | | | o s | | | | .1 |) [| a () |) [| IMI | DA | H | 2 4 | | | | | |
| | I | Skilled Laborer |)] s | 31 | | 1 | الر <u>ا</u> | | | | | | | | | | | | |
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractor to respond to the information collection contractor to respond to the information collection contractor to respond to the information contractor to respond to the information collection contractor to respond to the information collection contractor in respect to the wages paid each employee during the preceding work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

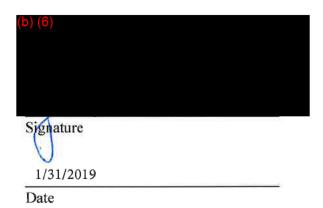
Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

| Date01/18/2019 | | (b) WHERE FRINGE BENEFITS ARE | PAID IN CASH |
|--|---|--|---|
| (b) (6) | Accounting Department | _ | |
| (Name of Signatory Party) | (Title) | | hanic listed in the above referenced payroll has been paid, ayroll, an amount not less than the sum of the applicable |
| do hereby state: | , , | basic hourly wage rate | to plus the amount of the required fringe benefits as listed as noted in section 4(c) below. |
| (1) That I pay or supervise the payment of the persons en | nployed by | | (4) 201011. |
| Bayside Fire Protectio | n on the | (c) EXCEPTIONS | |
| (Contractor or Subcontractor) | On the | EXCEPTION (CRAFT) | EXPLANATION |
| Building 1600 Indian Head that | during the payroll period commencing on the | (1) (0) | |
| (Building or Work) | | (b) (d), | \$14.76 Hourly Fringes/Health, Holiday, Vacation, Pension |
| | 12th day of January 2019 | (h) (6) | |
| all persons employed on said project have been paid the full whosen or will be made either directly or indirectly to or on behalf | | (D) (O) | \$5.07 Hourly Fringes/Health, Pension |
| Bayside Fire Protection | from the full | | |
| (Contractor or Subcontractor | | | |
| weekly wages earned by any person and that no deductions h | ave been made either directly or indirectly | | 9 |
| from the full wages earned by any person, other than permissit 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor unde 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and | r the Copeland Act, as amended (48 Stat. 948, | | |
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| in the second se | | REMARKS: | 1 |
| (2) That any payrolls otherwise under this contract require correct and complete; that the wage rates for laborers or mechapplicable wage rates contained in any wage determination increase forth therein for each laborer or mechanic conform with the (3) That any apprentices employed in the above period are | anics contained therein are not less than the orporated into the contract; that the classification work he performed. | าร | |
| program registered with a State apprenticeship agency recogning. United States Department of Labor, or if no such recognith the Bureau of Apprenticeship and Training, United States I | zed by the Bureau of Apprenticeship and gnized agency exists in a State, are registered | | |
| (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APP | ROVED PLANS, FUNDS, OR PROGRAMS | NAME AND TITLE | (b) (6) |
| | | | |
| in addition to the basic nounly wage rate | s paid to each laborer or mechanic listed in | Jessica Wonneman / Accounting Departm | |
| | s of fringe benefits as listed in the contract programs for the benefit of such employees, | THE WILLFUL FALSIFICATION OF ANY OF THE AB SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSEC 31 OF THE UNITED STATES CODE. | OVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR LUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE |

E-VERIFY CERTIFICATION

| COMPANY NAME:_ | Bayside Fire Protection | |
|--------------------------|---|--------------------------|
| PROJECT NAME: | Building 1600 - Primary Care Clinic | |
| PAYROLL #: 135 | WEEK ENDING: | 01/19/2019 |
| The undersigned certifie | s that all employees listed on the attached | d certified payroll have |
| been validated through t | he E-Verify System, as required by the c | ontract documents. |



Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

| NAME OF CONTRACTOR OR SUBCONTRACTOR | R 🔽 | | ADDRESS | 7640 Investr | ADDRESS 7640 Investment Court. Suite B | uite B | | | OMB No.: | 1235-0008 |
|---|-------------------------|--------------------------|----------------------|--|--|--------|------------------|-------------------------|---------------------|----------------|
| Baysid | Bayside Fire Protection | | | Owings, MD 20736 | 20736 | | | | Expires: 02/28/2018 | 2/28/2018 |
| PAYROLL NO. | FOR WEEK ENDING | NDING | PROJECT ₽ | PROJECT AND LOCATION | | | | PROJECT OR CONTRACT NO. | T NO. | ĺ |
| 135 | | 01/19/2019 | Building Indian H | Building 1600 Prima Indian Head, MD | Building 1600 Primary Care Clinic Indian Head, MD | | | | | |
| (1) (2) | (3) | (4) DAY AND DATE | (9) | (9) | (2) | | | (8) | | (6) |
| | SNO | E S M Tu W Th F | S | | | | DE | DEDUCTIONS | | L _B |
| NAME AND INDIVIDUAL IDENTIFYING NUMBER O.S. LAST FOUR DIGITS OF SOCIAL SECURITY O.F. E. S. E. | WORK | 5 13 14 15 16 17 18 | 19 TOTAL | RATE | GROSS | | WITH- HOLDING | | TOTAL | WAGES |
| NUMBER) OF WORKER | | NO HOURS WORKED EACH DAY | | + | + | FICA | TAX | OTHER | | OR WEEK |
| (b) | O solidario | 0 | | | / | | | | | |
| (6) | _ | o o | 34 | 34.00 | \ | | | | | |
| (b) | | 0 | | | | | | N S | | |
| (6) | Skilled Laborer | o a | 18 | 18.50 | \ | , | L VATEEK | 出 | | |
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Complete and that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing the collection of information of information, it you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Vashington, D.C. 20210

| ARE PAID IN CASH | | cach laborer or inechanic listed in the above referenced payour has been paid, as indicated on the payoll, an amount not less than the sum of the applicable basic burly wage rate plus the amount of the required fringe benefits as listed in the contract, except as orded in section 4(c) below. | | EXPLANATION | \$14.76 Hourly Fringes/Health, Holiday, Vacation, Pension | \$5.07 Hourly Fringes/Health, Pension | | | | | | | |
|--|-----------------------|--|--|------------------------------|---|---------------------------------------|-------------------------|-------------------------------|---|--|--|----------|--|
| (b) WHERE FRINGE BENEFITS ARE PAID IN CASH | | | (c) EXCEPTIONS | EXCEPTION (CRAFT) | (b) (| 6) | | | | | | REMARKS: | |
| | Accounting Department | (Title) | sons employed by | Itection on the Iterator) | that during the payroll period commencing on the | that no rebate | ection from the full | | stions have been made either directly or indirectly ermissible deductions as defined in Regulations. Part | or under the Copeland Act, as amended (48 Stat. 948, 45), and described below. | | | (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications |
| Date01/31/2019 | Jessica Wonneman | (Name of Signatory Party) do hereby state: | (1) That I pay or supervise the payment of the persons employed by | Contractor or Subcontractor) | ing 1600 Indian Head ullding or Work) | ns employed on said project have bee | Bayside Fire Protection | (Contractor or Subcontractor) | weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations. Part | 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below. | | | (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classification |

01/31/2019

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE ST SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Jessica Wonneman / Accounting Department

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of finige benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

I \geq

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

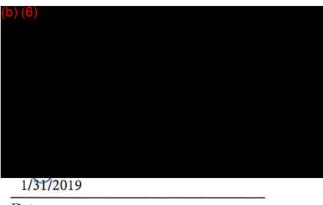
NAME AND TITLE

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

E-VERIFY CERTIFICATION

| COMPANY NAME:_ | Bayside Fire Protection | | |
|----------------|-------------------------------------|------------|--|
| PROJECT NAME: | Building 1600 - Primary Care Clinic | | |
| PAYROLL #: 136 | WEEK ENDING: | 01/26/2019 | |
| | | | |

The undersigned certifies that all employees listed on the attached certified payroll have been validated through the E-Verify System, as required by the contract documents.



Date

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division Rev Dec 2008

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|--|--|--|
| 136 (1) (2) (3) (4) (A) (BASSIGE Fire Protection (1) (2) (3) (4) (4) (4) (5) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (4) (4) (5) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1 | ourt, Suite B | OMB No.: 1235-0008 |
| 136 (1) (2) (3) (4) (1) (1) (1) (1) (2) (3) (4) (4) (4) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1 | Owings, MD 20736 | xpires: 02/28/2018 |
| (2) (3) (4) DAY AND DATE (5) (6) DAY AND DATE (6) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | 01/26/2019 | |
| Skilled Laborer Skilled La | (4) DAY AND DATE (5) (8) | (6) |
| Sprinkler Fitter S | S M Tu W Th F S GROSS WITH- HOURS WORKED EACH DAY HOURS OF PAY FICA TAX OTHER | NET WAGES TOTAL PAID DEDUCTIONS FOR WEEK |
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While completion of Form WH-347 is optional, it is mandatory for covered confractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information configuration of Ederally financed or assisted construction contracts to "Lumbh weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5145) contractors and subcontractors or performing work on Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compilance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this irrformation review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue. N.W. Washington, D.C. 20210

(aver)

| Accounting Department (Name of Signatory Party) (Title) | (b) WHERE FRINGE BENEFITS ARE PAID IN CASH Each laborer or mechanic listed in the above referenc as indicated on the payroll, an amount not less than the basic hourly wage rate plus the amount of the required in the contract, except as noted in section 4(c) below. | (GE BENEFITS ARE PAID IN CASH Each laborer or mechanic listed in the above referenced pa as indicated on the payroll, an amount not less than the sur basic hourly wage rate plus the amount of the required fring in the contract, except as noted in section 4(c) below. |
|--|---|--|
| (1) That I pay or supervise the payment of the persons employed by | (c) EXCEPTIONS | |
| Dayside Tire Fruection Contractor or Subcontractor) on the | EXCEPTION (CRAFT) | EXPLANATI |
| Building 1600 Indian Head that during the payroll period commencing on the (Building or Work) | (b) (| \$14.76 Hourly Fringes/Healt Pension |
| ed, that no rebat | (6) | \$5.07 Hourly Fringes/Health |
| Bayside Fire Protection from the full | | |
| (Contractor or Subcontractor) | | |
| weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below. | | |
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| | | |
| | REMARKS: | |

applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. correct and complete, that the wage rates for laborers or mechanics contained therein are not less than the (2) That any payrolls otherwise under this contract required to be submitted for the above period are

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below. \sum

yroll has been paid, m of the applicable ge benefits as listed

| EXCEPTION (CRAFT) | EXPLANATION |
|--|---|
| (b) (| \$14.76 Hourly Fringes/Health, Holiday, Vacation, Pension |
| (6) | \$5.07 Hourly Fringes/Health, Pension |
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| REMARKS: | |
| NAME AND TITLE | (b) (|
| Jessica Wonneman / Accounting Department | (6) |

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, 31 OF THE UNITED STATES CODE.

TITLE

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Rev. Dec. 2008

| | Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. | | | | | | | | | Rev. Dec. 2008 | | | | | | | | | | | |
|--|---|------------------------------|-------------------|------|--|---|--|---|--------------|----------------|-----|----------------|----------------|--|-------------------|-------------------------|----------------------|----------|---------|---------------------|---------------------------|
| NAME OF CONTRACTOR OR SUBCONTRACTOR Max Electrical Construction Corp. | | | | | | | 1 | ADDRESS 8735 Bollman Pl, Ste. f Savage, MD 20763 | | | | | | OMB No.:1235-0008 Expires: 04/30/2021 | | | | | | | |
| PAYROLL NO. FOR WEEK ENDING | | | | | \dashv | PROJECT AND LOCATION PROJECT OR CONTRACT | | | | | | FNO. | | | | | | | | | |
| 123 12/23/2018 | | | | | | Restore Interior and Building Systems Building 1600 Naval Ordinance Statlon @ Indian Head | | | | | | | | | | | | | | | |
| (1) | (2) | (3) | (3) (4) DAY AND I | | | ID DATE | | | T | (5) | (6) | (7) | (0) | | | | | (9) | | | |
| LIME AND ROBBERT AND ROBBERT AND AND ADDRESS OF THE PARTY | LIDENTIFYING NUMBER IS OF SOCIAL SECURITY OF WORKER WORK 25 W CLASSIFICATIO | | RST. | М | 1 T W | | | F | S | 3 | s | | | | (8) DEDUCTIONS | | | | | NET | |
| NAME AND INDIVIOUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | NO. OF WITHHO EXEMPT | WORK CLASSIFICATION | OT, DR | 17 | 18 HOUF | 19 S W | | | | | | TOTAL HOURS | RATE OF PAY | GROSS AMOUNT EARNED | FICA | WITH- HOLDING TAX | State Withhelding | Medicare | OTHER | TOTAL DEDUCTIONS | WAGES PAID FOR WEEK |
| (b) (6) | | Electrician | 0 | Г | | | | | | T | | | | \$748.00 | | | | OTTLER | | | |
| | | | 3 | 0.00 | 0 00 | 8.00 | 8.00 | Ċ.QL | 0.0 | xi: 0 | 00 | 16.00 | 46.75 | | \$46.37 | \$58.00 | \$30,55 | \$10.85 | | \$145.77 | \$602.23 |
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| Afrile completion of Form WH-347 is notional, it is manda | in or for a | augend control are and auto- | | | | | | | | | | | | <u> </u> | | | L | | | 1 | |

While completion of Form WH-347 is optional, it is mandatory for covered confractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a), The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and frings benefits.

Public Burden Statement

We estimate that is will take an average of 65 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

| Date12/26/2018 I, | as indicated on the payro basic hourly wage rate pli | D IN CASH c listed in the above referenced payroll has been paid, il, an amount not less than the sum of the applicable us the amount of the required fringe benefits as listed noted in section 4(c) below. |
|---|---|---|
| (1) That I pay or supervise the payment of the persons employed by Max Electrical Construction Corp. | (c) EXCEPTIONS | |
| (Contractor or Subcontractor) | EXCEPTION (CRAFT) | EXPLANATION |
| Building 1600 Naval Station @ Indian Head ; that during the payroll period commencing on the (Building or Work) 17 day of December 2018 and ending the 23 day of December 2018 | Electrician | Benefits paid to local Union #IBEW #26 |
| all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said | | |
| Max Electrical Construction Corp. | | |
| (Contractor or Subcontractor) | | |
| weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below: | | |
| | | |
| | 1 | |
| (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. | REMARKS: Employees are Union Electrician, Benefits are | paid to local Union #26 |
| (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. | | |
| (4) That:(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS | NAME AND TITLE | SIGNATURE |
| in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below. | Kumhui Waltrup / President THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTIO 31 OF THE UNITED STATES CODE. | |

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR 7 NAME OF CONTRACTOR ADDRESS 8735 Bollman Pl, Ste. I OMB No.:1235-0008 Expires: 04/30/2021 Savage, MD 20763 Max Electrical Construction Corp. PAYROLL NO. PROJECT OR CONTRACT NO. FOR WEEK ENDING PROJECT AND LOCATION Restore Interior and Building Systems 124 12/30/2018 1413005-MAXELE Building 1600 Naval Ordinance Station @ Indian Head (1) (3) (4) DAY AND DATE (5)(7) (9) (8) DEDUCTIONS W TF S S M T NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WITH-WAGES 24 25 26 27 28 29 State (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY Medicare WORK TOTAL RATE AMOUNT HOLDING PAID Withholdin NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY **EARNED** FICA TAX OTHER DEDUCTIONS FOR WEEK NO WORK

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 6.5(a), The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each taborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed, DOL and federal contracting agencies receiving this information review the information to determine that employees have received fegally required wages and fringe benefits.

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| Date01/02/19 (b) (6) i,(Name of Signatory Party) do hereby state: (1) That I pay or supervise the payment of the | | (b) WHERE FRINGE BENEFITS ARE PAID IN CASH Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below. (c) EXCEPTIONS | | | |
|---|--|--|--|--|--|
| (Contractor or Subco | on the | EXCEPTION (CRAFT) | EXPLANATION | | |
| (Building or Work) 24 day of December 2018 and er | | NO WORK | | | |
| all persons employed on said project have been paid been or will be made either directly or indirectly to or or | he full weekly wages earned, that no rebates have | | | | |
| Max Electrical Constr | trom the full | | | | |
| weekly wages earned by any person and that no ded from the full wages earned by any person, other than | uctions have been made either directly or indirectly permissible deductions as defined in Regulations, Part bor under the Copeland Act. as amended (48 Stat. 948. | | | | |
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| | | | | | |
| correct and complete; that the wage rates for laborers applicable wage rates contained in any wage determined for the therein for each laborer or mechanic conform. (3) That any apprentices employed in the above program registered with a State apprenticeship agency. Training, United States Department of Labor, or if no second contents. | eriod are duly registered in a bona fide apprenticeship recognized by the Bureau of Apprenticeship and auch recognized agency exists in a State, are registered | REMARKS: NO WORK | | | |
| in addition to the basic hourly we the above referenced payroll, | TO APPROVED PLANS, FUNDS, OR PROGRAMS vage rates paid to each laborer or mechanic listed in payments of fringe benefits as listed in the contract propriate programs for the benefit of such employees, | THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. | STATEMENTS MAY SUBJECT THE CONTRACTOR OF JON-SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE | | |
| except as noted in section 4(c) | | 31 OF THE UNITED STATES CODE. | | | |